DEC 0,5 2005

2**6**05/2005

## PART B - FEE(S) TRANSMITTAL

| Complete and send t  |   |  | or Fa   | Commissioner f<br>P.O. Box 1450<br>Alexandria, Vir  | for Patents<br>ginia 22313-1450  | ·  |  |
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| INSTRUCTIONS: This for appropriate. All further coundinated unless corrected.  | rm should be used for tra-<br>respondence including the<br>below or directed otherwise      | parent advance of in Block 1, by (                               | UE FEE and PU<br>rders and notific<br>a) specifying a n   | BLICATION FEB (if required in the second of maintenance fees be concepted on a second of the second | uired). Blocks 1 through 5 will be mailed to the currers; and/or (b) indicating a se   | should be completed when                                 |  |
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| 6/2005 TBESHAH2 Q00000   | 57 10686022   |  |   | <u>R.J</u>  | OSEPH-Troise   | (Depositor's name)                                       |  |
| 2501 700.00 GP<br>1504 300.00 GP   |   |  |   |   | 12/5/05  | (Signature)  |  |
| APPLICATION NO.  | FILING DATE   | T  | FIRST NAMED IN  | VENTOR  | ATTORNEY DOCKET NO.  | CONTINUE TOURS   |  |
| 10/686,022   |   |  | Stanley M. Hyduke   |   | 4057   | CONFIRMATION NO.   |  |
| TITLE OF INVENTION:<br>DESIGNS   | METHOD AND APPAR  | ATUS FOR ACC   |   |   |  | 4973<br>INTEGRATED CIRCUI                                |  |
| APPLN, TYPE  | SMALL ENTITY  | ISSUE F  | É.E.  | PUBLICATION FEE   | TOTAL FEE(\$) DUE  | DATE DUE   |  |
| nonprovisional   | nonprovisional YES  |  |   | \$300   | \$1000   | 12/23/2005   |  |
| EXAMINER   |   | ART UNIT CLA   |   | CLASS-SUBCLASS  | 1  |  |  |
| GARBOWSK   | 2825  |  | 716-004000  | J   |  |  |  |
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| 3. ASSIGNEE NAME AND   | RESIDENCE DATA TO B<br>an assignee is identified be<br>37 CFR 3.11. Completion              | E PRINTED ON T<br>clow, no assigned of<br>this form is NOT       | HE PATENT (pr   | int or type)  | nce is identified below, the o   | locument has been filed fo                               |  |
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| Authorized Signature   |   |  |   | Date /  | 12/5/05  |  |  |
| Typed or printed name  | R. Joseph   | Trojan   |   |   | No. 34,264   |  |  |
| This collection of information an application. Confidentiality submitting the completed applications form and/or suggestions 6 Box 1450, Alexandria, Virginia  | is required by 37 CFR 1.31  | 1. The information   | is required to obt  | ain or retnin a benefit by th   | o public which is to file (and   | by the HSPTO to process                                  |  |

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